

THIS VEHICLE WAS PURCHASED WITH FUNDS THROUGH THE
ILLINOIS CONSOLIDATED VEHICLE PROCUREMENT PROGRAM



FUNDED BY THE
FEDERAL TRANSIT ADMINISTRATION
AND/OR
ILLINOIS DEPARTMENT OF TRANSPORTATION

APPLICATION CLASS
MARCH 11, 2014
CHICAGO, IL

CVP OVERVIEW

SEC. 5310 (PNPs)

ESTABLISHED 1975

ELDERLY & PERSONS WITH DISABILITIES

SAFTEA-LU – HSTP REQUIREMENT (2005)

CVP OVERVIEW

APPLICATION CHANGES

APPLICATION WALKTHROUGH

SUBMISSION PROCESS

CVP OVERVIEW

SEC. 5310 (PNPs)

80/20 FUNDING SPLIT

FTA CIRCULAR 9070.1F

CVP OVERVIEW

APPLICATION CHANGES

APPLICATION WALKTHROUGH

SUBMISSION PROCESS

CVP OVERVIEW

BENEFITS OF CONSOLIDATED PROCUREMENT

SIMPLICITY FOR GRANTEES

SIMPLICITY FOR ADMINISTRATORS

PURCHASING POWER(S)

CY14 APPLICATION OVERHAUL

CHANGES IN CRITERIA AND DESIGN

Former Scoring Criteria		Revised Scoring Criteria	
Level of Existing Service As determined by reviewer's judgment	3.0 points	Level of Existing Services As determined by hours of operation compared to statewide applicant pool	4.0 points
Application Completeness As determined by reviewer's judgment and enclosure of required materials	3.0 points	N/A	N/A
Equipment Utilization As determined by VMTs per IDOT benchmarks	3.0 points	Equipment Utilization As determined by VMTs or number of one-way vehicle trips per day, compared to statewide applicant pool.	4.0 points
Administration/Fleet Control As determined by reviewer's judgment of application and enclosed materials	3.0 points	Asset Maintenance As determined by defined questions and reviewer's judgment of required materials	4.0 points
Vehicle Maintenance & Driver Training As determined by reviewer's judgment of application and enclosed materials	4.0 points	Management Capacity As determined by defined questions and reviewer's judgment of required materials and administrative review of applicant transportation budgets.	4.0 points
Coordination Efforts As determined by reviewer's judgment of application and enclosed materials	4.0 points	Coordination Efforts As determined by inclusion of required materials and local administrative review (see Sec. VII)	4.0 points
TOTAL	20 points	TOTAL	20 points

CY14 APPLICATION OVERHAUL

CHANGES IN CRITERIA AND DESIGN

REDUNDANT CRITERIA

SUBJECTIVITY

INCONSISTENCY

CVP OVERVIEW

APPLICATION CHANGES

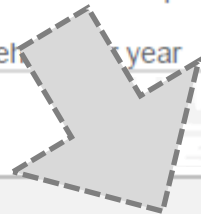
APPLICATION WALKTHROUGH

SUBMISSION PROCESS

CY14 APPLICATION OVERHAUL

CHANGES IN CRITERIA AND DESIGN

<u>Fleet Average</u>		
Low	<5,000 miles/vehicle per year	INELIGIBLE
Poor	5,000 – 8,000 miles/vehicle per year	0 - 1 points
Fair	8,000 – 15,000 miles/vehicle per year	1 – 2 points
Excellent	15,000+ miles/vehicle per year	2 – 3 points



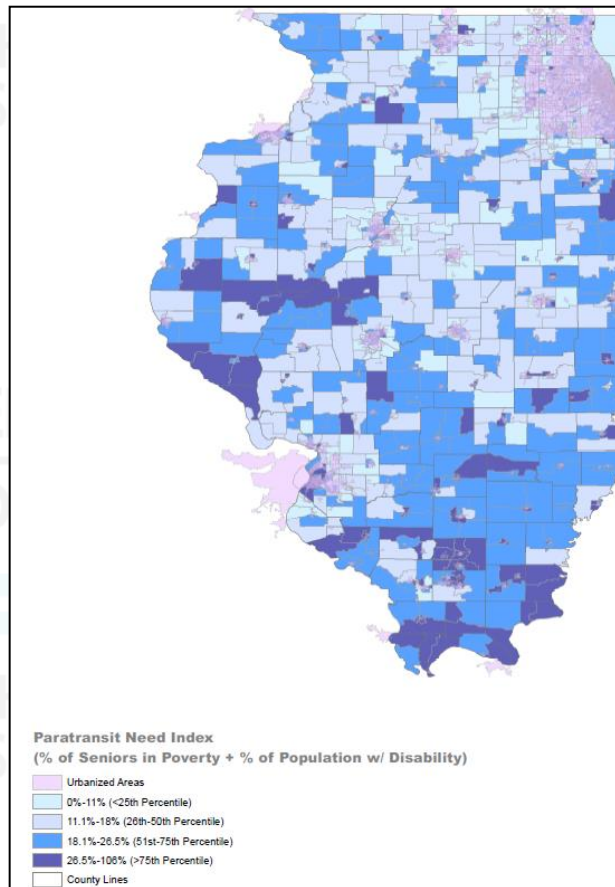
<u>Fleet Average (Whichever is Greater)*+</u>				
<u>Within Sec. 5310 Applicant Universe</u>				
Unacceptably Low	<33rd percentile of miles/vehicle per year	OR	<33rd percentile one-way vehicle trips per day of service	INELIGIBLE
Poor	34 th to 55 th percentile of miles/vehicle per year	OR	34 th to 55 th percentile one-way vehicle trips per day of service	0 – 1.5 points
Fair	56 th to 75 th percentile of miles/vehicle per year	OR	56 th to 75 th percentile one-way vehicle trips per day of service	1.5 – 3 points
Excellent	>75 th percentile of miles/vehicle per year	OR	>75 th percentile one-way vehicle trips per day of service	3.1 – 4 points

*to include estimates for new/expanded service in applications for new/expansion service vehicles
 + Intervals between points (1.2, 2.6, etc.) to be determined proportionally

CY14 APPLICATION OVERHAUL

PARATRANSIT DEMAND INDEX

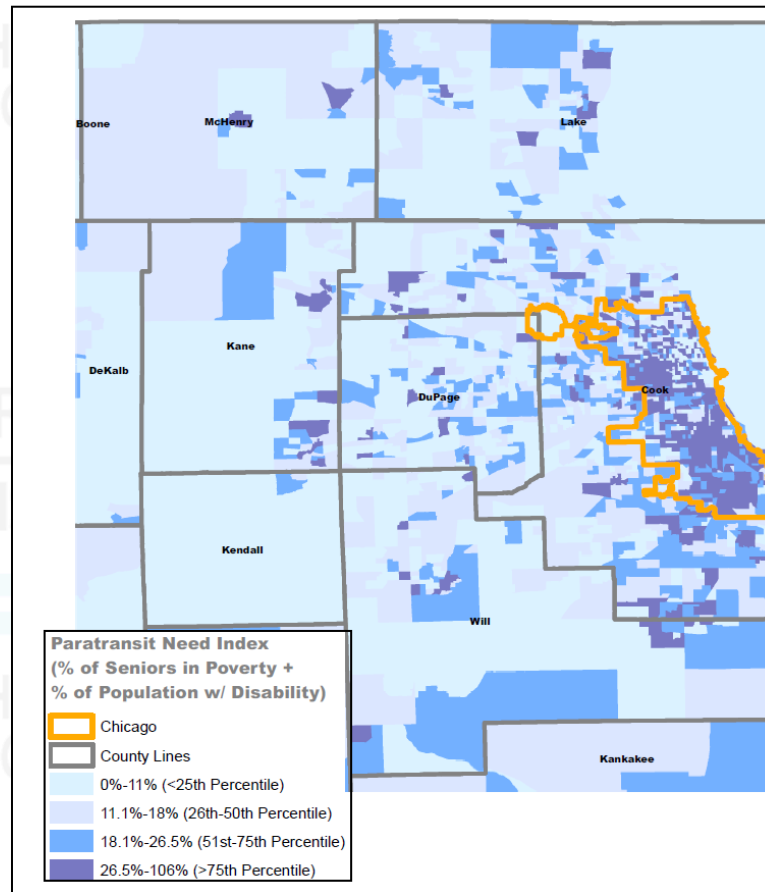
(# of seniors within applicant's service area) + (# of individuals with disabilities in applicant's service area)
(# of senior's in applicant's HSTP region) + (# of individuals with disabilities in applicant's HSTP region)



CY14 APPLICATION OVERHAUL

PARATRANSIT DEMAND INDEX

(# of seniors within applicant's service area) + (# of individuals with disabilities in applicant's service area)
(# of senior's in applicant's HSTP region) + (# of individuals with disabilities in applicant's HSTP region)



APPLICATION WALKTHROUGH

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APPLICATION CHANGES

APPLICATION WALKTHROUGH

SUBMISSION PROCESS

APPLICATION WALKTHROUGH

ESSENTIAL DEFINITIONS

EXISTING SERVICE (SELF EXPLANATORY)

EXPANSION SERVICE (P. 4)

NEW SERVICE (P. 4)

APPLICATION WALKTHROUGH

ESSENTIAL DEFINITIONS

EXISTING SERVICE (SELF EXPLANATORY)

EXPANSION SERVICE (P. 4)

NEW SERVICE (P. 4)

IF YOU ARE REQUESTING A VEHICLE FOR EXPANSION OR NEW SERVICE YOU MUST STILL PROVIDE ANSWERS TO APPLICATION QUESTIONS.

USE YOUR BEST ESTIMATES AND PROJECTIONS (WILL BE USED AS BENCHMARKS IN FUTURE PROGRAM REVIEWS)

CVP OVERVIEW

APPLICATION CHANGES

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APPLICANT INFORMATION (P. 5)

SECTION II. APPLICANT INFORMATION

Date Submitted

Applicant Information

Legal Name

Mailing Address

County/Countries Served

Contact Name and Title

Phone (p) and Fax (f)

Email

HSTP Region (see Appendix E)

Federal Tax ID number (FEIN)

DUNS Number

Type of Applicant (Please Refer to the Table in Part I, A)

☐ PRIVATE NON PROFIT

☐ SECTION 5311 GRANTEE

☐ IDOT CERTIFIED PUBLIC BODY

For Vehicle Information/ Issues

Contact and Title

Email

Phone (p) and Fax (f)

All Applicants Must Answer These Questions:

Does A Minority Group Manage Your Organization Or Is Operation Minority Based?

☐ Yes ☐ No

Does Your Agency Provide Service To Minorities?

☐ Yes ☐ No

Does Your Application Have The Support Of Your Public Transportation Provider? *

☐ Yes ☐ No ☐ N/A

*For a searchable map & database of Illinois public transportation providers, please visit the IDOT/UIC TRANPRO Online Portal: <http://www.uic.edu/tranpro/php/clickmap.php>.

By this application, it is the intent of _____ to request vehicle(s) through the State of Illinois' Consolidated Vehicle Procurement (CVP) program; and will meet all applicable state, federal and local acceptance, application and maintenance requirements. I certify that the information and statements provided in this application, and all supporting documents are correct and complete.

Signature of Authorized Representative
(As authorized by board resolution, see Appendix D)

Date

Print name of Authorized Official

Title

REQUIRED
FOR
FUNDING

CVP OVERVIEW

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VEHICLE REQUEST FORM & BUDGET (P. 6)

SECTION III. VEHICLE REQUEST FORM & BUDGET (TO BE COMPLETED BY ALL APPLICANTS)

Example:

CVP Vehicles Requested			Information on Vehicles for Which Replacement is Requested				
Vehicle Priority	Vehicle Type Requester	Purpose for Request	Vehicle Type	Vehicle Year	Mileage	VIN	CVP Contract No.
1	MD	Replacement	MD	2005	187,000	2P4GP24B1VR220838	588
2	LD	Expansion					

Please fill out the below table to register your 2014 CVP vehicle request.
(Double-click the table to access)

**ONLY FILL OUT THESE CELLS IF YOU ARE REQUESTING A
REPLACEMENT VEHICLE**

CVP OVERVIEW

APPLICATION CHANGES

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SUBMISSION PROCESS

VEHICLE REQUEST FORM & BUDGET (P. 6)

SECTION III. VEHICLE REQUEST FORM & BUDGET (TO BE COMPLETED BY ALL APPLICANTS)

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1	MD	Replacement	MD	2005	187,000	2P4GP24B1VR220838	588
2	LD	Expansion					

Please fill out the below table to register your 2014 CVP vehicle request.
(Double-click the table to access)

**ONLY FILL OUT THESE CELLS IF YOU ARE REQUESTING A
REPLACEMENT VEHICLE**

VEHICLE CATALOG (APPENDIX F)

REPLACEMENT CRITERIA (P. 6)

CVP OVERVIEW

APPLICATION CHANGES

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SUBMISSION PROCESS

VEHICLE REQUEST FORM & BUDGET (P. 7)

Example:

Vehicle Type	Passengers	No. of Vehicles Requested			Total Units	Unit Cost	Total Cost
		Replacement	Expansion	New Service			
Minivan	6	1			1	\$ 41,000	\$ 41,000
Light Duty	12		2		2	\$ 57,000	\$ 114,000
Medium Duty	14			3	3	\$ 63,000	\$ 189,000
Super-Medium Duty	26				0	\$ 100,000	\$ -
Total 2014 CVP Request		1	2	3	6	\$	344,000

ONLY FILL OUT WHITE/BLANK CELLS. THE REST OF THE CELLS WILL AUTO-CALCULATE.

VEHICLE REQUEST FORM & BUDGET (P. 8)

B. PROJECT JUSTIFICATION (TO BE COMPLETED BY PRIVATE NON-PROFIT APPLICANTS ONLY)

Please provide a brief defense of your proposal. Make sure to address the following topics:

- Describe the transportation program and needs of individuals in your current/proposed service area
 - If you are proposing new or expanded service, identify how these needs are currently not being met
- Explain how the current transportation program will change if this grant is not approved
- Describe how transportation services support, buttress and enable your agency's overall mission

Click here to enter text



CLICK THERE TO ENTER TEXT

VEHICLE REQUEST FORM & BUDGET (P. 9)

C. CURRENT PARATRANSIT VEHICLE INVENTORY (TO BE COMPLETED BY PRIVATE NON-PROFIT APPLICANTS ONLY)

Yr	Manufacturer	Type	VIN	Odometer Reading as of		Lift/Ramp Equipped?	Condition	Contract # (if IDOT veh.)
				3/31/13	3/31/14			
2011	Ford	MD	2P4GP2481MR220936	95446	195446	Yes	Fair	665

VERY IMPORTANT!

CVP OVERVIEW

APPLICATION CHANGES

APPLICATION WALKTHROUGH

SUBMISSION PROCESS

REQUEST FORM & BUDGET

C. CURRENT PARATRANSIT VEHICLE INVENTORY
(TO BE COMPLETED BY PRIVATE NON-PROFIT APPLICANTS ONLY)

TABLE CAN
SCROLL DOWN
AS FAR AS YOU
NEED IT TO
SCROLL

[illegible]

VEHICLE REQUEST FORM & BUDGET (P. 10)

D. GEOGRAPHIC AREA SERVED (TO BE COMPLETED BY PRIVATE NON-PROFIT APPLICANTS ONLY)

Please list the census tracts in which you operate service. Census Tract Reference Maps can be found online at <http://www.census.gov/geo/maps-data/maps/2010tract.html>

	Census Tract(s)
1	
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Note: please include all census tracts served, including tracts for which you only serve a portion/part of the territory within. If you have any additional comments regarding your service territory, please register them below:

[Click here to enter text.](#)

<http://www.census.gov/geo/maps-data/maps/2010tract.html>

The screenshot shows the U.S. Department of Commerce website, specifically the 'Geography' section for the 2010 Census - Census Tract Reference Maps. The page features a navigation bar with links to 'People', 'Business', 'Geography', 'Data', 'Research', and 'Newsroom'. A search bar is located in the top right corner. The main content area is titled '2010 Census - Census Tract Reference Maps' and includes a description of the maps, a list of map products, and a 'Download Maps' link. A red arrow points to the 'Download Maps' link. The page also includes a 'File Naming Convention' section and a 'Measuring America' section at the bottom.

U.S. Department of Commerce

United States Census Bureau

Home | Blogs | About Us | Index A to Z | Glossary | FAQs

People | Business | Geography | Data | Research | Newsroom

Search

You are here: [Census.gov](#) > [Geography](#) > [Maps & Data](#) > 2010 Census - Census Tract Reference Maps

Geography

Main | About | Maps & Data | Reference | Partnerships | Education | Research

Maps & Data

- Maps & Data Main Page

Maps

- Census Data Mapper
- Reference
- Thematic
- Maps Available for Purchase

2010 Census - Census Tract Reference Maps

These county-based reference maps show and label the census tracts as delineated to support 2010 Census data dissemination. These maps also show the boundaries and names of American Indian areas, Alaska Native areas, Hawaiian home lands, states, counties, county subdivisions, and places. Additionally, these maps display a base feature network including roads, railroads, and water bodies. These features are labeled as map scale permits. Each county is covered by one more parent map sheets at a single scale. Inset map sheets at larger scales were created where there are clusters of census tracts that cannot be identified at the parent map scale. An index map showing the sheet configuration is included for all counties requiring more than one parent map sheet. The map sheet size is 36 by 32 inches.

Each set of census tract reference maps is accompanied by a Census Tract to Map Sheet relationship file. These semi-colon delimited text files include a record for each census tract within the county, consisting of the code and name of the tract, and a list of all map sheet numbers that the tract appears on.

Download Maps

File Naming Convention

The file names for the county-based Census Tract Reference Map are composed as follows:

DC10CT_C<SS><CCC>_<###>.pdf where:

- <SS> is the 2 digit state FIPS code,
- <CCC> is the 3 digit county FIPS code
- <###> is the map sheet number.
 - Index sheets are numbered '000'.
 - Parent sheets are numbered '001' through '999'.
 - Inset sheets are numbered 'A01' through 'Z99'.

[PDF] or denotes a file in Adobe's Portable Document Format. To view the file, you will need the [Adobe Reader](#) available free from Adobe.

Measuring America—People, Places, and Our Economy

ABOUT US	FIND DATA	BUSINESS & INDUSTRY	PEOPLE & HOUSEHOLDS	GEOGRAPHY	NEWSROOM
Are You in a Survey?	QuickFacts	Help With Your Forms	2010 Census	Maps and Data	News Releases
FAQs	American FactFinder	Economic Indicators	2000 Census	TIGER	Release Schedule
Glossary	Easy Stats	Economic Census	American Community Survey	Gazetteer	Fact for Features
Director's Corner	Population Finder	E-Stats	Income	SPECIAL TOPICS	Blogs
Regional Offices	2010 Census	Foreign Trade	Poverty	Statistics in Schools	Multimedia

Speed up browsing by disabling add-ons.

Choose add-ons Ask me later

SELECT "ILLINOIS":

SUBMISSION PROCESS

FINDING YOUR CENSUS TRACTS

<http://www.census.gov/geo/maps-data/maps/2010tract.html>

**SELECT YOUR
COUNTY/COUNTIES**

The screenshot shows the U.S. Census Bureau website. The main heading is 'Geography'. Under 'Maps & Data', there is a section for 'Illinois 2010 Census - Census Tract Reference Maps'. A table lists counties and their equivalent maps. A red arrow points to the 'County or County Equivalent Map' column.

FIPS Code	County or County Equivalent Map	Total Map Sheets	District to Map Sheet File
17013	Calhoun	1	c17013_ct2ms.txt
17015	Carroll	1	c17015_ct2ms.txt
17017	Cass	1	c17017_ct2ms.txt
17019	Champaign	5	c17019_ct2ms.txt
17021	Christian	1	c17021_ct2ms.txt
17023	Clark	1	c17023_ct2ms.txt
17025	Clay	1	c17025_ct2ms.txt
17027	Clinton	1	c17027_ct2ms.txt
17029	Coles	1	c17029_ct2ms.txt
17031	Cook	11	c17031_ct2ms.txt
17033	Crawford	1	c17033_ct2ms.txt
17035	Cumberland	1	c17035_ct2ms.txt

CVP OVERVIEW

APPLICATION CHANGES

APPLICATION WALKTHROUGH

SUBMISSION PROCESS

FINDING YOUR CENSUS TRACTS

<http://www.census.gov/geo/maps-data/maps/2010tract.html>

**FIND THE MAP(S)
THAT INCLUDE
THE AREA(S) YOU
SERVE**

The screenshot shows the U.S. Department of Commerce Census Bureau website. The page displays a list of census tracts for the District of Columbia (DC10CT). The table has columns for Name, Last modified, Size, and Description. A red arrow points to the file 'DC10CT_C17031_003.pdf'.

Name	Last modified	Size	Description
Parent Directory			
DC10CT_C17031_000.pdf	10-Mar-2011 09:24	2.9M	
DC10CT_C17031_001.pdf	10-Mar-2011 09:24	1.6M	
DC10CT_C17031_002.pdf	10-Mar-2011 09:24	1.8M	
DC10CT_C17031_003.pdf	10-Mar-2011 09:24	324K	
DC10CT_C17031_004.pdf	10-Mar-2011 09:24	1.9M	
DC10CT_C17031_005.pdf	10-Mar-2011 09:24	1.2M	
DC10CT_C17031_006.pdf	10-Mar-2011 09:24	537K	
DC10CT_C17031_007.pdf	10-Mar-2011 09:24	1.4M	
DC10CT_C17031_008.pdf	10-Mar-2011 09:24	1.4M	
DC10CT_C17031_009.pdf	10-Mar-2011 09:24	276K	
DC10CT_C17031_010.pdf	10-Mar-2011 09:24	435K	
DC10CT_C17031_CTAMS.txt	10-Mar-2011 09:24	34K	

Measuring America—People, Places, and Our Economy

ABOUT US	FIND DATA	BUSINESS & INDUSTRY	PEOPLE & HOUSEHOLDS	GEOGRAPHY	NEWSROOM
Are You in a Survey?	QuickFacts	Help With Your Forms	2010 Census	Maps and Data	News Release
FAQs	American FactFinder	Economic Indicators	2000 Census	TIGER	Release Sched
Glossary	Easy Stats	Economic Census	American Community Survey	Gazetteer	Fact for Featur
Director's Corner	Population Finder	E-Stats	Income		Blogs
Regional Offices	2010 Census	Foreign Trade	Poverty		Multimedia
History	Economic Census	Export Codes	Population Estimates		CONNECT WITH
Research	Interactive Maps	NAICS	Population Projections		Email Update
Scientific Integrity	Training & Workshops	Governments	Health Insurance		Facebook
Jobs @ Census	Data Tools	Local Employment Dynamics	Housing		Twitter
Diversity @ Census	Developers	Survey of Business Owners	International		Flickr
Business Opportunities	Catalogs		Genealogy		USA.gov
Congressional & Intergovernmental	Publications				BusinessUSA.gov
Contact Us					

Accessibility | Information Quality | FOIA | Data Protection & Privacy Policy | U.S. Dept of Commerce

United States Census Bureau

CVP OVERVIEW

APPLICATION CHANGES

APPLICATION WALKTHROUGH

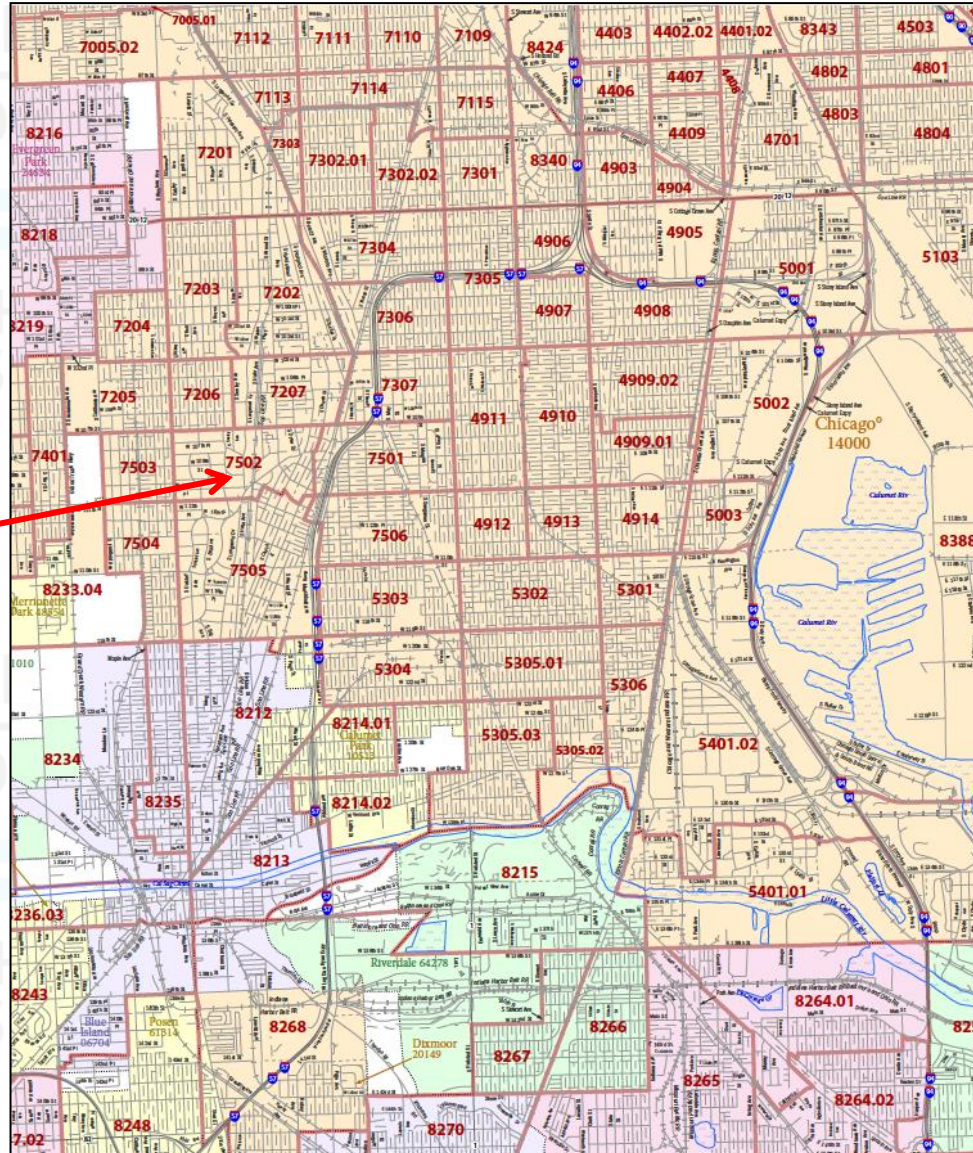
SUBMISSION PROCESS

FINDING YOUR CENSUS TRACTS

<http://www.census.gov/geo/maps-data/maps/2010tract.html>

**THE BLOCK
NUMBERS IN
RED ARE THE
CENSUS TRACT
NUMBERS**

Ex: 7502



CVP OVERVIEW

APPLICATION CHANGES

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SUBMISSION PROCESS

FINDING YOUR CENSUS TRACTS

D. GEOGRAPHIC AREA SERVED (TO BE COMPLETED BY PRIVATE NON-PROFIT APPLICANTS ONLY)

Please list the census tracts in which you operate service. Census Tract Reference Maps can be found online at <http://www.census.gov/geofmaps-data/maps/2010tract.html>

	Census Tract(s)
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Note: please include all census tracts served, including tracts for which you only serve a portion/part of the territory within. If you have any additional comments regarding your service territory, please register them below:

[Click here to enter text.](#)

**FILL IN CENSUS
TRACT
INFORMATION**

Ex: 

LEVEL OF CURRENT SERVICE & EQUIPMENT UTILIZATION (P. 11)

SECTION IV. LEVEL OF CURRENT SERVICE & EQUIPMENT UTILIZATION (TO BE COMPLETED BY PRIVATE NON-PROFIT APPLICANTS ONLY)

A. HOURS OF SERVICE

Please list the total hours each day during which your organization offers paratransit services.

- **Note:** this is an unduplicated count of hours. E.g., if you had multiple vehicles providing service between 9 a.m. and 11 a.m., the total number of service hours would be 2.
- **New/prospective applicants:** if you do not already offer paratransit services, enter the number of hours in which you are planning to offer service.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	TOTAL
Hours of Service								0.0

WILL AUTO-CALCULATE

LEVEL OF CURRENT SERVICE & EQUIPMENT UTILIZATION (P. 11)

B. TOTAL ANNUAL ONE WAY TRIPS

Please enter your transportation program's one-way trip information for 2013.

- This is a "per person" count. E.g., transporting 3 people to a medical appointment → 3 trips; transporting 3 people to the store and then back home → 6 trips.

By Trip Type	CY2013 Total
Medical Trips	
Work Trips	
Education Trips	
Nutrition Trips	
Shopping Trips	
Social/Recreational Trips	
Other Trips	
TOTAL	0

WILL AUTO-CALCULATE

Average Number of Vehicles Used to Provide Service on a Daily Basis	
---	--

VERY IMPORTANT

ASSET CONTROL & MAINTENANCE (P. 12)

SECTION V. ASSET CONTROL & MAINTENANCE (TO BE COMPLETED BY PRIVATE NON-PROFIT APPLICANTS ONLY)

A. FLEET CONTROL

Does your transportation program maintain an individual vehicle file for each vehicle? Does each vehicle file include the following elements? <small>(Applicants with existing transportation programs must include or attach completed forms/files to receive credit; applicants proposing new service must include or attach sample forms/files to receive credit)</small>	
➤ Vehicle Title	No
➤ Warranties	No
➤ Warranty Claims	No
➤ Insurance Policy Card	No
➤ Vendor Contact Information	No
➤ Copies of repair/maintenance orders with inspection documentation and date resolved	No
➤ Details on any malfunctions of ADA/lift equipment	No

'YES/NO' DROP-DOWN MENUS
DEFAULT IS SET TO 'No,' BUT YOU CAN/SHOULD CHANGE THAT

B. ASSET MAINTENANCE

Does your agency have a written, board adopted vehicle maintenance policy? Must include or attach to receive credit. <small>(Applicants with existing transportation programs must include or attach <u>completed</u> forms/files to receive credit; applicants proposing new service must include or attach sample forms/files to receive credit)</small>	No
Does your agency have a written, board adopted preventative maintenance schedule for all vehicles? Must include or attach to receive credit. <small>(Applicants with existing transportation programs must include or attach <u>completed</u> forms/files to receive credit; applicants proposing new service must include or attach sample forms/files to receive credit)</small>	No
Does your agency perform preventative maintenance for all vehicles? Must include or attach documentation (tune-up receipt, oil change receipt, etc.) to receive credit.	No

VERY IMPORTANT TO INCLUDE DOCUMENTATION AND EXAMPLES

COMMENTS:

[Click here to enter text.](#)

CVP OVERVIEW

APPLICATION CHANGES

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SUBMISSION PROCESS

MANAGEMENT CAPACITY (P.13)

A. STAFF TRAINING & COMPETENCY

Does your agency have a board adopted driver training plan/curriculum, including training syllabi, schedules and established periods for "refresher" trainings on the following subjects?

(Applicants with existing transportation programs must include or attach completed forms/files to receive credit; applicants proposing new service must include or attach sample forms/files to receive credit)

➤ Client Assistance	No
➤ Defensive Driving	No
➤ Emergency Procedures	No
➤ CPR/First Aid	No
➤ Operation of ADA/Lift Equipment	No
➤ Formal Vehicle Orientation, Including Communications Equipment	No
➤ Formal Route & Territory Orientation	No

Does your agency maintain driver files, with each file containing the following elements?

(Applicants with existing transportation programs must include or attach completed forms/files to receive credit; applicants proposing new service must include or attach sample forms/files to receive credit)

➤ Licensing ➤ <i>If any drivers require CDL licensing applicant must provide documentation of 1) drug & alcohol testing program and 2) completed DOT physical examinations</i>	No
➤ Completed Trainings	No
➤ Driving and service record, including and special achievements or documented incidents	No

'YES/NO' DROP-DOWN MENUS

DEFAULT IS SET TO 'No,' BUT YOU CAN/SHOULD CHANGE THAT

VERY IMPORTANT TO INCLUDE DOCUMENTATION AND EXAMPLES

COMMENTS:

[Click here to enter text.](#)

MANAGEMENT CAPACITY (P.14)

B. FINANCIAL PLANNING & MANAGEMENT

(TO BE COMPLETED BY PRIVATE NON-PROFIT APPLICANTS ONLY)

Please complete the below budget worksheet:

Item	CY 2013 (Actual)	CY 2014 (Projected)			
Revenues					
Passenger Fares & Passenger Donations					
Income from Service Contracts					
Income from Operating Grants					
Income from Donations/Fundraising					
Income from Transfers from General Fund					
Other (please list below)					
[other 1]					
[other 2]					
[other 3]					
Total Revenues	\$ -	\$ -			
Expenses					
Drivers (salary + benefits)					
Dispatch/Supervisor (salary + benefits)					
Maintenance (labor)					
Maintenance (parts)					
Fuel					
Insurance Costs					
Vehicle Storage					
Other (please list below)					
[other 1]					
[other 2]					
[other 3]					
Total Expenses	\$ -	\$ -			
NET REVENUES/DEFICIT	\$ -	\$ -			

Pro-rate for % of time if
transportation staff have
other program duties

PRO-RATE EX:

**IF AN EMPLOYEE SPENDS 33%
OF THEIR TIME ON
TRANSPORTATION, ENTER 33%
OF THEIR SALARY, FRINGE, ETC.**

**THESE CELLS WILL
AUTO-CALCULATE**

COMMENTS:

[Click here to enter text.](#)

CVP OVERVIEW

APPLICATION CHANGES

APPLICATION WALKTHROUGH

SUBMISSION PROCESS

COORDINATION EFFORTS (P.15)

<http://www.utc.uic.edu/tranpro/php/clickmap.php>

TRANPRO

CLICK ON YOUR AREA TO FIND
ALL KNOWN 5310 PROVIDERS
NEAR YOU, ALONG WITH THEIR
CONTACT INFORMATION

www.utc.uic.edu/tranpro/php/clickmap.php

Apps the Polo Grounds Google Groups Press This DPIT Dir 2 The Victors The Corner Side Yard Transited - news, i...

TRANPRO Information Management System
Sponsored by the Illinois Department of Transportation

TRANPRO Home Transportation Providers GIS Map About Illinois HSTP Funding Programs HSTP Resources Links Login

Select and view transportation service providers from the menus below

Map
Name
Program

Query Transportation Providers by Region:

Click on a regional planning agency or an HSTP to view its transportation providers. You may use the interactive map to select and view transportation providers by county, or else scroll down to the county list provided below.

Regional Transportation Authority
Planning agency for: [HSTP 0](#)

North Central Illinois Council of Governments
Planning agency for: [HSTP 1](#) [HSTP 3](#)

Bi-State Regional Commission
Planning agency for: [HSTP 2](#)

Tri-County Regional Planning Commission
Planning agency for: [HSTP 5](#)

Western Illinois Regional Council
Planning agency for: [HSTP 4](#) [HSTP 7](#)

Champaign County Regional Planning Commission
Planning agency for: [HSTP 8](#)

South Central Illinois Regional Planning & Development Commission
Planning agency for: [HSTP 9](#) [HSTP 10](#) [HSTP 11](#)

McLean County Regional Planning Commission
Planning agency for: [HSTP 6](#)

[Adams](#) [Alexander](#) [Bond](#) [Boone](#) [Brown](#) [Bureau](#) [Calhoun](#) [Carroll](#) [Cass](#) [Champaign](#) [Christian](#) [Clark](#)

HSTP Region

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CVP OVERVIEW

APPLICATION CHANGES

APPLICATION WALKTHROUGH

SUBMISSION PROCESS

COORDINATION EFFORTS (P.15)

PUBLIC MEETING NOTICE (APPENDIX B)

**BE SURE TO CUSTOMIZE/TAILORE
ALL HIGHLIGHTED INFORMATION**

Appendix B

Public Hearing Notice Sample Language

Public Hearing Notice
NOTE: To be published locally 14 days before the scheduled hearing
Notice of Public Hearing

(Fill in Name of Applicant Agency)

RE: State of Illinois Paratransit Vehicle Grant for (Brief Description of Service Area)

Notice is hereby given that a public hearing will be held by: (Name of Applicant/Agency).

On: (Date)

At: (Time)

Where: (Name of Place)

In: (Specific

Location or Room)

I. For the purpose of considering a project for which financial assistance is being sought from the Illinois Department of Transportation, pursuant to the Illinois Department of Transportation's general authority to make such Grants, and which is generally described as follows:

A. Description of Project (Brief Description of the Service to be provided, including the types, capacities and budgeted costs of vehicles requested);

This project will be included in a Consolidated Vehicle Procurement Program undertaken by the State of Illinois on behalf of (Name of Applicant), with State and Federal Funds.

B. Relocation Relocation Assistance will not be required.

C. Environment This project is being implemented to minimize environmental impact.

D. Comprehensive Planning This project is in conformance with comprehensive transportation planning in the area.

E. Elderly and Disabled All new equipment included in this project will meet ADA accessibility rules for the elderly and persons with disabilities.

II. At the hearing the (Applicant Name) will afford an opportunity for interested persons or agencies to be heard with respect to the social, economic and environmental aspects of the project. Interested persons may submit orally or in writing, evidence and recommendations with respect to said project.

III. A copy of the application for a state grant for the proposed project for the intended service area will be made available for public inspection at (Name and Address of Applicant).

(Contact Person Name), (Title)

(Address)

(Telephone)

* **Note to Applicants:** Please Submit public hearing minutes, as well as written and verbal comments from the proceedings, with your completed Application to IDOT-DPIT.

APPLICATIONS LACKING PUBLIC PROVIDER ENDORSEMENT WILL BE CONSIDERED INELIGIBLE



COORDINATION EFFORTS (P.16)

PUBLIC PROVIDER ENDORSEMENT (APPENDIX G)

Melinda Metzger
Deputy Executive Director
PACE Suburban Bus
550 W. Algonquin Road
Arlington Heights, IL. 60005

COORDINATION EFFORTS (P.18)

NORTHEASTERN ILLINOIS REGION HSTP CONFORMANCE WORKSHEET

ONLY TO BE COMPLETED BY NORTHEASTERN ILLINOIS REGION APPLICANTS (Cook, DuPage, Kane, Lake, McHenry, and Will Counties)

To complete this form, please refer to the Northeastern Illinois Region's HSTP Management plan which can be found at <http://www.rtachicago.com/section-5310/section-5310.html>

Please identify the following RTA HSTP Strategies addressed by the service you plan to provide with the vehicle or vehicles requested. The numbers in the chart below reference the RTA Coordinated Public Transit Report on their website.

RTA HSTP STRATEGIES (p. 17-18)
<input type="checkbox"/> Improving Service Integration (check all that apply) <ul style="list-style-type: none">- Contracting with agency operators- Contracting with common service providers- Short term loans
<input type="checkbox"/> Improving Accessibility (check all that apply) <ul style="list-style-type: none">- Accessibility improvements at non-key rail stations- Improving access to fixed-route bus routes
<input type="checkbox"/> Tools That Improve Productivity (check all that apply) <ul style="list-style-type: none">- Tools that improve data integrity, fare collection, cost sharing/allocation, billing/reporting and transfers- Consolidating functions- Centralized information- Tools that support live dispatch- Sharing resources
<input type="checkbox"/> Flexible Transit Services (check all that apply) <ul style="list-style-type: none">- Agency/employment "tripper" services- Community bus routes- Taxi subsidy program- Volunteer driver/escort program- Reverse commute- Improving access to fixed-route bus routes

SUBMISSION PROCESS

E-MAIL TO MIKE.HEALY@ILLINOIS.GOV

APPLICATION IN .DOC (I.E., MS WORD) FORMAT

**REQUIRED APPENDICES AND OTHER DOCUMENTATION MAY BE SUBMITTED IN
WHATEVER FORMAT IS MOST CONVENIENT FOR THE GRANTEE**

REFER TO CHECKLIST FOR REQUIRED DOCUMENTS AND APPENDICES

AWARDS

APPLICATIONS DUE (E-MAIL POSTMARK) BY 11:59:59 P.M. ON MAY 30, 2014

ANY/ALL REQUIRED APPENDICES AND/OR DOCUMENTS DUE BY COB JUNE 30, 2014

AUG/SEPT 2014: AWARD NOTIFICATIONS SENT

SPRING 2015 (HOPEFULLY): VEHICLE DELIVERIES

[CVP OVERVIEW](#)

[APPLICATION CHANGES](#)

[APPLICATION WALKTHROUGH](#)

[SUBMISSION PROCESS](#)